

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS5737AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/23/2011
NAME OF PROVIDER OR SUPPLIER WILLOW CREEK MEMORY CARE SAN MARTIN		STREET ADDRESS, CITY, STATE, ZIP CODE 7230 GAGNIER BLVD LAS VEGAS, NV 89113		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 2/23/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 62 Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 24. Ten resident files were reviewed and ten employee files were reviewed. The facility received a grade of B. The following deficiencies were identified:	Y 000		
Y 255 SS=C	449.217(6)(a)(b) Permits - Comply with NAC 446 on Food Service NAC 449.217 6. A residential facility with more than 10 residents must: (a) Comply with the standards prescribed in chapter 446 of NAC. (b) Obtain the necessary permits from the Bureau of Health Protection Services of the Division.	Y 255		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 393	Continued From page 2 the facility was issued its initial license on or after January 14, 1997, so that a resident needing assistance can alert a member of the staff of the facility of that fact from the toilet and the shower. (c) A bathroom that is located in a common area of the facility must be equipped with an auditory system that is monitored by a member of the staff of the facility. This Regulation is not met as evidenced by: Based on observation on 2/23/11, the facility failed to ensure a member of the staff responded to the auditory system after an alert was made in 2 of 4 resident bathrooms (Resident bathroom #1 and Common restroom #1). Severity: 2 Scope: 2	Y 393			
Y 830 SS=D	WAIVERS 1. The administrator of a residential facility may submit to the Division a written request for permission to admit or retain a resident who is prohibited from being admitted to a residential facility or remaining as a resident of the facility pursuant to NAC 449.271 to 449.2734 , inclusive.	Y 830			

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Y 830	Continued From page 3 This Regulation is not met as evidenced by: Based on observation and interview on 2/23/11, the administrator failed to request a waiver to retain a bedfast resident (Resident #1). Severity: 2 Scope: 1	Y 830			
Y 997 SS=F	449.2756(1)(f)(3) Alzheimer's Facility-Yard fenced NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (f) The facility has an area outside the facility or a yard adjacent to the facility that: (3) Is fenced. All gates leading from the secured, fenced area or yard to an unsecured open area or yard must be locked and keys for gates must be readily available to the members of the staff of the facility at all times. This Regulation is not met as evidenced by: Based on observation on 2/23/11, the facility failed to ensure 2 of 2 gates located in the backyard leading to the front of the facility was secured.	Y 997			

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Y 997	Continued From page 4 Severity: 2 Scope: 3		Y 997		

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